

The Great Seminole Nation Of Oklahoma



TRIBAL ENROLLMENT

PO Box 1498

Wewoka, OK 74884-1498

Phone No. (405) 257-7244

Fax No. (405) 257-7249

RE: Tribal Membership Requirements

Dear APPLICANT:

To apply for membership in the Seminole Nation of Oklahoma you must complete the forms enclosed and submit the following:

1. Notarized Request Form for Tribal Application (Minor/Adult)
2. Tribal Enrollment Application
3. Certificate Degree of Indian Blood (CDIB) Card
4. Certificate Degree of Indian Blood (CDIB) 8x10
5. Original State Registered Birth Certificate; City/County Birth Certificates are NOT acceptable. (If it has any amendments, include the amended Certificate and any legal documentation stating amendment-Birth Certificate will be returned to you)
6. Copy of Social Security Card
7. Adoption/Custody Records (If applies to applicant)
8. Individual clear photo (Size must be 3x5, 4x6) Required for Adults.
Minors are optional.
9. Signature on white paper with no lines (Adult only-required)
10. Persons 18 years old and over provide a copy of State ID or Driver License.

Please feel free to contact our office if you have any questions.

**Seminole Nation of Oklahoma
Tribal Enrollment Office
P.O. Box 1498
Wewoka, OK 74884-1498
(405) 257-7244**

REQUEST FOR ADULT ENROLLMENT APPLICATION FORM

I, _____, DOB: _____, Social Security No: _____
being first duly sworn and under oath, state the following, under penalty of perjury:

1. I understand that violation of this oath is subject to criminal prosecution in the Court of Indian Offenses, Bureau of Indian Affairs, Wewoka Agency, and hereby consent to the jurisdiction of said court for said purpose in the event that any statement contained herein is false.

2. I understand that a CDIB (Certificate of Degree of Indian Blood) 8x10 Document and a CDIB card along with an original State Registered Birth Certificate and Social Security Card **must** be submitted with this request form to receive an enrollment application. If you do not have a CDIB, call the Enrollment Office at the above telephone number for an application.

3. I understand that I cannot receive an enrollment application form from the Enrollment Office of the Seminole Nation of Oklahoma if I am currently, or if I have ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, of any other Federally recognized Native American entity.

4. I further state under penalty of perjury (check one of the following and circle as required):

____ I am not currently nor have I ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, or any other federally recognized Native American entity. I **(circle one)** **am** **am not**, a descendent of, or otherwise eligible for membership with another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity.

____ I am currently, or in the past I have been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity. Provide Name of Tribe: _____.

I have read and understand the above statements and I certify that the facts contained in this request form are true and correct to the best of my knowledge and understanding. Any false statement or misrepresentation of the facts will result in my membership application being denied.

Date: _____

Signature: _____

Address: _____

City/State/Zip: _____

THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC. IF BY MAIL, PLEASE HAVE IT NOTARIZED. IF APPLYING IN PERSON, APPLICANT MUST SIGN BEFORE A NOTARY PUBLIC IN THE ENROLLMENT OFFICE.

SEAL

Subscribed and sworn to before me this ____ day of _____, 20____

My Commission Expires: _____

Notary Public _____

Seminole Nation of Oklahoma
Tribal Enrollment Office
P.O. Box 1498
Wewoka, OK 74884-1498
(405) 257-7244

REQUEST FOR ENROLLMENT APPLICATION FOR MINOR CHILD

Please check one of the following: ☐ Single Parent ☐ Married ☐ Common Law, or ☐ Separated

I, _____, DOB: _____, Social Security No.: _____ and
_____, DOB: _____ Social Security No.: _____ being first duly
sworn and under oath, state the following, under penalty of perjury:

1. I/We understand that violation of this oath is subject to criminal prosecution in the Court of Indian Offenses, Bureau of Indian Affairs, Wewoka Agency, and hereby consent to the jurisdiction of said court for said purpose in the event that any statement contained herein is false.

2. I am/We are the parents of _____, DOB: _____, Social Security No.: _____, a minor child. I have legal custody of the child; or I am the legal guardian as shown by the attached court order; biological parent must be known to be identified with the Seminole Nation tribe of Oklahoma.

3. I/We understand that a CDIB (Certificate of Degree of Indian Blood) 8x10 Document and a CDIB card along with an original State Registered Birth Certificate and Social Security Card **must** be submitted with this request form to receive an enrollment application. If you do not have a CDIB for this child, call the Enrollment Office at the above telephone number for an application.

4. I/We understand that I/We cannot receive an enrollment application form from the Enrollment Office of the Seminole Nation of Oklahoma for the above child named if the child is currently, or has even been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, of any other Federally recognized Native American entity.

5. I further state under penalty of perjury (check one of the following and circle as required):

☐ The above named child is not currently nor has the child ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, or any other federally recognized Native American entity. **I (circle one) am am not**, a descendent of, or otherwise eligible for membership with another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity.

☐ The above named child is currently, or in the past the above named child has been a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity. Provide Name of Tribe: _____.

I/We have read and understand the above statements and I/We certify that the facts contained in this request form are true and correct to the best of my/our knowledge and understanding. Any false statement or misrepresentation of the facts will result in this Request for Enrollment Application being denied.

Date: _____

Signature: _____

Address: _____

SEAL

City/State/Zip: _____

Telephone No.: _____

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires: _____

Notary Public _____

(This form is to be Notarized before mailing with all documents, or bring all documents with this form in to be Notarized.)